

Picnic Shelter Reservation Request

Date Requested: _____

Picnic Shelter Requested: _____

Approximate number in party: _____

Approximate Arrival Time: _____

Alternate Date: _____

Alternate Shelter: _____

** Please list alternate choices in case your first choice is already reserved.*

*** All State Park laws apply. All visitors must adhere to gate closing hours.**

Print Name: _____ Group Name: _____

Signature: _____ Daytime Phone Number: _____

Mailing Address: _____

Payment along with a completed reservation form is required in advance to make reservations.

Reservations are first come first serve as they are received in the park office.

** Please note there will be no refunds issued **

Hemlock – 12 Picnic Tables - \$85.00

Dogwood – 8 Picnic Tables - \$60.00

Chestnut – 8 Picnic Tables - \$60.00

Amount Enclosed: \$ _____

Please make checks payable to **“Treasurer of NC”**

Mail to: **Stone Mountain State Park
Attn: Reservations
3042 Frank Parkway
Roaring Gap, North Carolina 28668**

- Picnic shelters close 30 minutes prior to the park gate closing.
- Come prepared to carry all supplies to the picnic shelters. Vehicles are not allowed beyond the parking area.
- Any concession, commercial, or profit making enterprise is prohibited except under written permission from the Park Superintendent.

Park Office Use Only:

Date being reserved: _____

Shelter Reserved: _____

Date money received: _____

Amount Paid: \$ _____

Receipt # _____